

Olivia Clayton, also known as, Olevia Clayton,
GRANTORS

W A R R A N T Y

TO

D E E D

Marilyn Morgan,
GRANTEES

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Olivia Clayton, also known as, Olevia Clayton, do hereby sell, convey, and warrant unto Marilyn Morgan, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

See attached.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

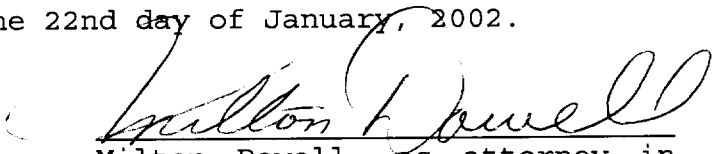
Further subject to Right of Way to Ricky Odum recorded in Book 214, Page 263 and Right of Way to Mississippi Power and Light recorded in Book 100, Page 20, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

By way of explanation, title to the above property was confirmed to the Grantor by way of the Consent Order to Confirm and Quiet Title filed in the Chancery Court of DeSoto County, Mississippi, Cause No. 00-5-789B of record in Minute Book 301, Page 503, and of record in the land records in Book 398, Page 175 and also by the Default Judgment, Cause No. 00-5-789B of record in Minute Book 301, Page 508, and of record in the land records in Book 398, Page 171, all in the Chancery Court Clerk's office of DeSoto County, Mississippi.

Further, a copy of the Heirship Affidavits and death certificate of Ben Clayton, a former owner of the above property, are attached hereto and made a part hereof.

Taxes for the year 2002 are exempt, and possession is given with this deed.

WITNESS my signature(s), this the 22nd day of January, 2002.


Milton Dowell, as attorney in
fact for Olivia Clayton, also
known as, Olevia Clayton

STATE MS.-DESOTO CO.
FILED

JAN 22 2 56 PM '02

BK 409 PG 358
W.E. DAVIS CH. CLK.

STATE OF MISSISSIPPI:

COUNTY OF DeSoto:

PERSONALLY APPEARED before me, the undersigned authority in and for the jurisdiction aforesaid, Milton Dowell, who acknowledged to me that he is attorney in fact of Olivia Clayton, also known as, Olevia Clayton, and that for and on behalf of said Olivia Clayton, also known as Olevia Clayton, and as her act and deed, he subscribed his own name as attorney in act to the foregoing instrument and signed and delivered the same on the day and year and in the capacity therein mentioned, having been first duly authorized so to do.

Given under my hand and official seal, this the 22nd day of January, 2002.

My commission expires: June 17, 2003

Grantors Address:
2455 Lorraine Drive
Cahokia, IL 62206

Phone: Res.- 618-332-0955
Bus.- Same

Prepared By:

Chamberlin-Nowak, P.C.
170 W. Center St.
Hernando, MS 38632
662-429-7888

Grantees Address:

7205 Austin Rd
Lake Cormorant, MS 38641
Phone: Res.- 662-781-0718
Bus.- 901-434-5031

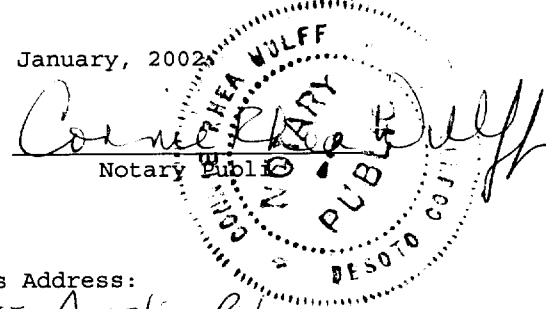


EXHIBIT A

13.8 acres in the Northeast Quarter of Section 14, Township 2, Range 9 described as: BEGINNING at a point 12.6 chains West of the Northeast corner of Section 14; thence South 5° 23' East 26.82 chains to the Southeast corner of the Clayton property; thence South 86° 05' West 5.182 chains to the Southeast corner of the property conveyed to G. W. Datson by deed in Book 87, page 450; thence with Datson's East line North 5° 20' West 26.82 chains to the North line of the Section; thence East on the Section line 5.182 chains to the Point of Beginning containing 13.8 acres, more or less and being the East 13.8 acres of Lot 2 of the division of the Aaron Clayton Estate as shown by the plat recorded in Plat Book 32, page 336*

LESS & EXCEPT

2 acres, more or less, Book 213, Page 669
2.49 acres, more or less, Book 231, Page 515
7.60 acres, more or less, Book 294, Page 668



BK 0409 PG 0361

HEIRSHIP AFFIDAVIT

(Heirship of Ben Clayton - Deceased)

STATE OF _____

COUNTY OF _____

_____, of lawful age,
being first duly sworn, upon his oath deposes and says:That he was personally well acquainted with the above decedent, during his lifetime, having known him for _____
years, and that affiant bears the following relationship to the said decedent, to-wit: __________
Affiant further states that the said decedent departed this life at _____, in Desoto County,
State of Mississippi, on or about _____, 19_____, being _____ years old at
the date of his death.Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all
those who would under the laws of the State of Mississippi, be his heirs, and that the following statements
and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:QUESTION 1 - Did the decedent leave a will? ANSWER: NOQUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: NOQUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NOQUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address
of the administrator. ANSWER: _____QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No _____
If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: _____
Olivia Clayton
If not living, state date of death _____QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether
said former spouse is dead or divorced.ANSWER: Lara Clayton (deceased)QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased,
together with the other information called for: ANSWER: (Give names of surviving children only)

| | NAME OF CHILD | DATE OF BIRTH | IF NOT LIVING DATE OF DEATH | NAME OF HUSBAND OR WIFE | ADDRESS OR IF NOT LIVING DATE OF DEATH |
|---|---------------|---------------|--------------------------------|----------------------------|--|
| 1 | <u>None.</u> | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called
for ANSWER:

| | NAME OF CHILD | DATE OF BIRTH | DATE OF DEATH | SURVIVING HUSBAND OR WIFE | IF NOT LIVING DATE OF DEATH |
|---|---------------|---------------|---------------|------------------------------|--------------------------------|
| 1 | <u>None.</u> | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

| | NAME OF CHILD | DATE OF BIRTH | ADDRESS OR IF NOT LIVING, DATE OF DEATH | NAME OF FATHER AND MOTHER |
|---|---------------|---------------|--|---------------------------|
| 1 | None | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____ No _____. IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE
BLANK LINES BELOW:

| | NAME | AGE | ADDRESS |
|---|------|-----|---------|
| 1 | None | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts,
and whether they have since been paid.

ANSWER: _____ NO

QUESTION 13 If the decedent left no children, then give below the names and addresses (together with other information
called for), of his surviving father, mother, brothers and sisters: ANSWER:

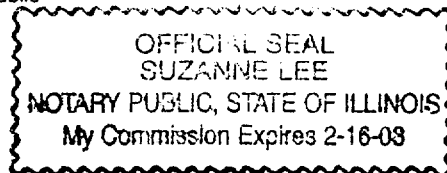
| | NAME | RELATIONSHIP | AGE | ADDRESS OR IF NOT LIVING DATE OF DEATH |
|---|------|--------------|-----|---|
| 1 | None | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Robert Brwell
Signature of Affiant

Subscribed and sworn to before me this 10 day of October, 2001

My commission expires:
2-16-03

Suzanne Lee
Notary Public



CORROBORATION AFFIDAVIT

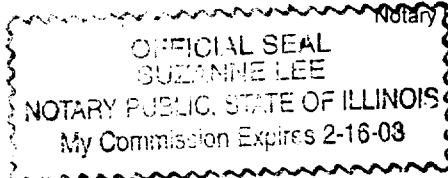
STATE OF Illinois (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF St. Clair
ALLEN BLACKWELL, of lawful
age being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by
ROBERT DOWELL is true to the personal knowledge of this affiant.

Allen Blackwell
Signature of Corroborating Affiant

Subscribed and sworn to before me this 15 day of October, 2001

My commission expires:
2-16-03

Suzanne Lee
Notary Public





BK0409PG0363

HEIRSHIP AFFIDAVIT

(Heirship of Ben Clayton Deceased)

STATE OF _____

COUNTY OF _____

_____, of lawful age,
being first duly sworn, upon his oath deposes and says:That he was personally well acquainted with the above decedent, during his lifetime, having known him for _____
years, and that affiant bears the following relationship to the said decedent, to wit: _____BEN CLAYTON
Affiant further states that the said decedent departed this life at _____, in DESO County,
State of MISSISSIPPI, on or about _____, 19_____, being _____ years old at
the date of his death.Affiant further states that he was well acquainted with the family and near relatives of the said decedent, and with all
those who would under the laws of the State of Mississippi, be his heirs, and that the following statements
and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:QUESTION 1 - Did the decedent leave a will? ANSWER: NOQUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: NOQUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NOQUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address
of the administrator. ANSWER: _____

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No _____

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: _____

OLIVIA CLAYTON
If not living, state date of death _____QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether
said former spouse is dead or divorced.ANSWER: LARA CLAYTON (Dead)QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased,
together with the other information called for: ANSWER: (Give names of surviving children only)

| | NAME OF CHILD | DATE OF BIRTH | IF NOT LIVING DATE OF DEATH | NAME OF HUSBAND OR WIFE | ADDRESS OR IF NOT LIVING DATE OF DEATH |
|---|---------------|---------------|--------------------------------|----------------------------|--|
| 1 | <u>NONE</u> | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called
for: ANSWER:

| | NAME OF CHILD | DATE OF BIRTH | DATE OF DEATH | SURVIVING HUSBAND OR WIFE | IF NOT LIVING DATE OF DEATH |
|---|---------------|---------------|---------------|------------------------------|--------------------------------|
| 1 | <u>NONE</u> | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

| | NAME OF CHILD | DATE OF BIRTH | ADDRESS OR IF NOT LIVING, DATE OF DEATH | NAME OF FATHER AND MOTHER |
|---|---------------|---------------|--|---------------------------|
| 1 | NONE | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes ____ No ____ IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE
BLANK LINES BELOW:

| | NAME | AGE | ADDRESS |
|---|------|-----|---------|
| 1 | NONE | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts,
and whether they have since been paid.

ANSWER: NO

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information
called for), of his surviving father, mother, brothers and sisters: ANSWER:

| | NAME | RELATIONSHIP | AGE | ADDRESS OR IF NOT LIVING DATE OF DEATH |
|---|------|--------------|-----|---|
| 1 | NONE | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

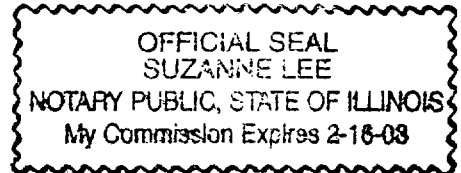
Allen Blackwell
Signature of Affiant

Subscribed and sworn to before me this 10 day of October, 2001

My commission expires

2-16-03

Suzanne Lee
Notary Public



CORROBORATION AFFIDAVIT

STATE OF Illinois (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF St. Clair
ROBERT DOWELL of lawful
age being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by
ALLEN BLACKWELL is true, to the personal knowledge of this affiant.

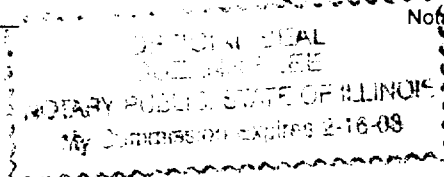
Robert Dowell
Signature of Corroborating Affiant

Subscribed and sworn to before me this 15 day of October, 2001

My commission expires

2-16-03

Suzanne Lee
Notary Public



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

BK0409PG0365

LOCAL FILE
NUMBER

101

STATE OF MISSISSIPPI CERTIFICATE OF DEATH

STATE FILE
NUMBER

75-018138

| | | | |
|--|--|---|---|
| DECEASED—NAME 1. EEN CLAYTON | | SEX 2. Male | DATE OF DEATH (MONTH, DAY, YEAR) 3. 11-15-75 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. Negro | AGE—LAST BIRTHDAY (YEARS) 5a. 74 | UNDER 1 YEAR 5b. 74 | DATE OF BIRTH (MONTH, DAY, YEAR) 6. 8-9-01 |
| CITY, TOWN, OR LOCATION OF DEATH 7a. Lake Cormorant | | INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. No | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Rt. 1 Box 158 Lake Cormorant, Miss. |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Miss. | CITIZEN OF WHAT COUNTRY 9. USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Olevia Price |
| SOCIAL SECURITY NUMBER 12a. 12408-28-9037 | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer | KIND OF BUSINESS OR INDUSTRY 13b. Farming | |
| RESIDENCE—STATE 14a. Miss. | COUNTY 14b. Desoto | CITY, TOWN, OR LOCATION 14c. Lake Cormorant | INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. No |
| FATHER—NAME 15. Aaron Clayton | | MOTHER—MAIDEN NAME 16. Sallie Sloan | |
| INFORMANT—NAME 17a. Mas. Olevia Clayton | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Rt. 1 Box 158, Lake Cormorant, Miss. | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | |
| 18. IMMEDIATE CAUSE (a) NATURAL CAUSES DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a) | | | |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. _____ | | DATE OF INJURY (MONTH, DAY, YEAR) 20b. _____ | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c. _____ |
| INJURY AT WORK (SPECIFY YES OR NO) 20d. _____ | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20e. _____ | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20f. _____ |
| CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM _____ TO _____ | | AND LAST SAW HIM/HER ALIVE ON _____ | I DID/DID NOT VIEW THE BODY AFTER DEATH. 21b. _____ |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. _____ | | HOUR OF DEATH 22b. 4:00 A.M. | THE DECEDENT WAS PRONOUNCED DEAD 22c. 11 15 75 |
| CERTIFIER—NAME (TYPE OR PRINT) 23a. E. J. Riley | | SIGNATURE 23b. <i>E. J. Riley</i> | DEGREE OR TITLE 23c. CORONER |
| MAILING ADDRESS—CERTIFIER 24a. Route 1, Box 224, Hernando, Mississippi | | CITY OR TOWN 24b. Hernando, Mississippi | STATE 24c. Mississippi |
| BURIAL, CREMATION, REMOVAL (SPECIFY) 25a. Burial | | CEMETERY OR CREMATORY—NAME 25b. Pleasant Grove | LOCATION 25c. Hernando, Mississippi |
| DATE 26a. 11-23-75 | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 26b. Southern Funeral Home 440 Vance, Memphis, Tenn. 38126 | |
| EMBALMER—SIGNATURE 27a. <i>R. C. Wink</i> | | REGISTRAR—SIGNATURE 27b. <i>Judy Moulder</i> | DATE RECEIVED BY LOCAL REGISTRAR 27c. November 26, 1975 |

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Judy Moulder
Judy Moulder
STATE REGISTRAR

OCT 18 2001

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.